

CAL/NEVA PEER TO PEER PROJECT

Trainer Skills Bank ENROLLMENT

To be completed by Trainer

Name:

Title:

Agency:

Address:

Phone/Fax:

Email:

CNP 3

Experience -

- ☐ Governance/Program Administration
- ☐ Community Outreach
- ☐ Fiscal
- ☐ Evaluation
- ☐ Human Resources
- ☐ History & Purpose
- ☐ Strategic Planning
- ☐ Program Development
- ☐ CSBG ARRA
- ☐ Other

Please detail experience and include credentials (if applicable) for each subject area of expertise checked above (attach additional pages if necessary):

Signature of Peer Trainer

Date

Signature of Executive Director

Date



Community Action
FULFILLING the PROMISE



California / Nevada Community
Action Partnership

225 30th Street, Suite 200, Sacramento, CA 95816
Phone: 916-443-1721 Fax: 916-325-2549
www.cal-neva.org

CAL/NEVA PEER TO PEER PROJECT



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Instructions for Enrolling as a TRAINER

1. Complete and submit the Trainer Skills Bank Enrollment Form*
2. Your application and information will be added to our database of available trainers.
3. Cal/Neva staff will contact you when your training services are needed.
4. Work with Cal/Neva staff and local agency on training coordination and logistics.

*Forms are available online at <http://cal-neva.org/network/skillsBank.cfm>. Submit forms by mail or fax (see contact information in header) OR scan and submit electronically to lynn@cal-neva.org. If you have questions during the training process, please feel free to contact us at (916) 443-1721.

CNP³

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Agency Training Request/Expected Outcomes

Agency Requesting Training	
Agency Contact Information	
Date Sent to Cal/Neva	
General Training Type*	<input type="checkbox"/> Regular (half-day to one-day) <input type="checkbox"/> Extended (more than one day) <input type="checkbox"/> Enhanced (group site visit)
Area(s) of Training Requested	
Date(s) Training Requested	
Trainer	

Training Specifics

Please provide the specific focus area for the training

For example: Training for board of directors focusing specifically on fiscal responsibilities associated with participation on board.

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Expected Outcomes

Please provide your expected outcomes

For example: Following the training, the board will be aware of their specific fiscal responsibilities. This will be apparent through conversations among members reflected in the minutes and through future conversations between CSD staff and the board.

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*I agree that issues discussed during peer training sessions will remain confidential. Outcomes will be reported to the funding source. Additionally, I agree to indemnify, defend, and hold harmless Cal/Neva and its providers, and their officers, directors, agents, and employees from and against any and all demands, claims, and damages to persons or property, losses and liabilities, including reasonable attorney's fees, arising out of or caused by the Agency's or its attendees' negligence or willful misconduct.

Signature of Agency Representative

Date

CAL/NEVA USE ONLY
 CSBG T/TA Category #

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Instructions for Agency Requesting Training

1. Complete and submit the Agency Training Request/Expected Outcomes Form to Cal/Neva*.
2. Work with Cal/Neva on training coordination and logistics.
3. Host training.
 - a. Make copies of the following forms and bring them with you to the training. The forms will be sent to you by a Cal/Neva representative:
 - Sign-In Sheet
 - Self Assessment/Training Evaluation Form (enough for all attendees)
4. Immediately after the training, submit the completed sign-in sheets, self assessment/training evaluations to Cal/Neva*
5. Complete and submit the 90 Day Report Out Form to Cal/Neva*
6. If referred by CSD for training, report results of the training to your CSD representative.

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